



What works? What fails?

FINDINGS FROM THE NAVRONGO COMMUNITY HEALTH AND FAMILY PLANNING PROJECT



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Navrongo Health Research Centre

HEALTH, THE PEOPLE'S CHOICE

"I am Everest Dogenereba, a Health Committee member from Nayagnia Karania community. I am writing to give you an insight into the activities of the Village Health Committee. I will occasionally mention the Health Aide. This is so because the work of the Health Committee demands the full collaboration of the Health Aide, in order to achieve the desired results. A Health Committee member—like a Health Aide—is a trusted person who has been chosen by members of his or her community to voluntarily monitor the affairs of that community's Primary Health Care Services delivery, under the umbrella of the Community Health and Family Planning Project, [an experimental study] of the Navrongo Health Research Centre.

As a committed health service [provider], the Health Committee member does not work in isolation. He has to operate effectively alongside his fellow Health Committee members in the same community: the Health Aide, the elders, the resident nurse, opinion leaders and members of the community at large. It is this team spirit that brings the Health Committee into daily contact with the various categories of people already outlined. The Health Committee member works in harmony with a group of people, by holding regular meetings with them. The Health Committee member, after holding a series of meetings with his counterparts, forges ahead to meet the Health Aide. At meetings, pertinent issues are uncovered and discussed exhaustively to find amicable solutions. The Health Aide [attends] meetings which afford both parties the opportunity to assess the strength and shortcomings of the health delivery system—especially on the issue of drugs: drugs supplied to the Health Aide and sales, quantity available, cash in hand, type of drugs which in high demand. This is to avert the undesirable situation in which drugs have virtually run out, before the Health Committee member goes in [to collect] the next consignment of drugs. The Health Committee member must exert strict supervision on the Health Aide at all times.



**Everest Dogenereba, Chair of the Nayagnia Karania
Village Health Committee, on his farm**

In his trail of meetings, the Health Committee member does not lose sight of the elders and the community as a whole.

He meets them separately at different times, according to his work plan. The Health Committee member first convenes a meeting with the elders to talk to about the need to construct a dwelling place for the resident nurse [Community Health Officer (CHO)]. After discussing the pros and cons for such a venture, a general meeting is called for, through the elders, and in attendance will be all the Health Aides and the Health Committee members. As it can be observed from the outgoing episodic account of the nature of work the committed Health Committee member has to do daily, it must be admitted that this poor volunteer must be operating on a comprehensive work schedule, which keeps him kicking day-in-day-out.

Apart from his meeting with the community and the elders and the Health Aides, collectively, the Health Committee member still has a duty to interact daily with members of his community, by reaching out to them in their respective homes to see how they are faring. These individual home visits afford the Health Committee member the opportunity to share his sentiments with them interact with them, and share their joys and sorrows. It also helps to put in place a dependable rapport, which goes a long way to enhance a workable relation between him and the community.

The Health Committee member having exhausted [ended] his rounds to individual homes calls a meeting during which he will make known his findings and draws the attention of the Health Aides to something they may have missed. These, among other things, include:

- Evidence of clean environment, as you move from house to house.
- How do community members dispose of their refuse?
- Are the surroundings weedy?
- What are the water sources available to community members?
- Is there a place of convenience? If yes, how far is it from the drinking water source?
- Are there stagnant pools around the houses?
- Do community members sleep under mosquito nets?
- Has there been an outbreak of any disease? If yes, was it reported to the Health Aide?

These questions constitute the agenda for a meeting between the Health Committee members and the Health Aides.

Having initiated a favorable comparison of findings with the Health Aide, it is up to the Health Committee to convene a meeting with the elders and confide in them about lapses on the part of some members of the community. He would report for instance, that some community members have failed to weed around their houses, thus their surroundings are choked with weeds to the very walls of their homes. Pools of water could be seen everywhere. Others have defaulted in maintaining good health habits, as they do not apply all that the Health Committee, Health Aides and the resident nurse have been telling them. Although members have been told to wash fruits before eating them a good number of them eat shea fruits without washing them.



Mr. Dogenereba welcoming project staff to his home

Having reached an understanding with the Health Aide regarding the conditions in which the community members live, the Health Committee member informs the elders that community members are breaching the rules of personal hygiene and environmental sanitation and acting contrary to what the health volunteers and the CHO tell them. The elders on this account summon a meeting of all members of the community to meet the Health Committee, Health Aides and the resident nurse. This meeting helps address the shortcomings as witnessed by the Health Committee; the Health Committee member again has a crucial role to play at this meeting. At the meeting, the Health Committee recap their observations during their most recent house-to-house visit. Although the attention of the people would already have been drawn to those undesirable unhygienic situations, they ought to still remind the people to put a stop to such

careless ways of doing things. The Health Committee member would not hesitate to tell them in no uncertain terms that we are all riding in the same boat and for that matter, an injury to one is injury to all. He would however end his speech by announcing to all and sundry that he anticipates a follow up visit after the meeting and he would like to see a change for the better.

Now that the elders in attendance as well as the Health Aides and the resident nurse have been allowed to air out their views, all geared towards the same goal—clean environment—the Health Committee member takes the floor again, this time, to touch on more sentimental issues such as the six childhood killer diseases, STDs, the most dreaded of which is the HIV/AIDS menace. About the six childhood killer diseases, he reminds parents to immunize children against them to minimize infant mortality. He explains to members what STDs are, and solicits members' views about how these can be avoided. He tells them the best way to prevent STDs is to keep the slogan 'Chastity before Marriage and Fidelity in marriage.' Those who engage in casual sex must always use a condom. He then goes on to exhort relatives of HIV/AIDS not to shun such victims. They should rather show them love and concern so that they would not consider themselves abandoned, even by their own close relatives. My dear readers, I am afraid this is the end of my story. I hope I have been vivid enough in the account of my experience as a Yezura Nakwi or Health Committee member."

Send questions or comments to: What works? What fails?

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